

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/594874** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/				
2			/				
3			/				
4			/				
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49							
50							
TOTAL IND.			5				
TOTAL DEP.			22				
TOTAL CLAIMS			27				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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96			/				
97							
98							
99							
100							
TOTAL IND.			13				
TOTAL DEP.			18				
TOTAL CLAIMS			31				